



Private Party Contract

Date of Event _____

Location: West End / Cool Springs Please circle location of your event

Thank you for booking your event with Amerigo Restaurant! We welcome the opportunity to serve your party and hope that you enjoy your time with us. In an effort to avoid any miscommunication, please review the information below and initial beside each component.

Fax completed form to:

(615) 321-8552

I am committing to _____ number of guests for my event. I agree to confirm my final number of guests within 48hrs of the event. . I understand that this final confirmation will be the amount charged for the day of the event. _____

The minimum amount required to book this room is \$315, with a **per-person minimum of \$15**, before tax and gratuity. _____

I understand the rooms are divided by a sliding door, and are not sound-proof. If both sides of the room are not booked for my event, I understand that another group may be booked in the other side. _____

I agree that my card will be charged the room minimum in the event my party does not show up, or if I cancel within 14 days of the event. _____

I acknowledge the room is reserved for exactly 2 Hours. I understand an arrangement must be made at this time if the room is to be used for a longer period of time, from _____ to _____. _____

Signature _____ Date _____

Credit Card _____ Exp Date _____

If someone else will be the contact for the day of the event, please provide name and contact cell.

Name _____ Contact Number _____

We want to insure you have a wonderful experience as well as the other guests we will be accommodating. To do so, we will staff in accordance with the size of your group to insure all needs are met.

We look forward to serving you.